

**Carl D. Perkins Vocational and Technical Education Act of 1998  
and/or State Vocational Education  
FISCAL YEAR 2006 PERKINS FINAL REPORT  
Budget Expenditure Statement**

*Revised March 3, 2005*

Check One: \_\_\_\_\_ Secondary \_\_\_\_\_ Postsecondary

**DO NOT ALTER OR REPLICATE THIS FORM**

**ELIGIBLE RECIPIENT:** \_\_\_\_\_ **PROJECT NUMBER:** \_\_\_\_\_ -06

<b>A. EXPENDITURE CATEGORY</b>	<b>B. FUNCTION &amp; OBJECT CODE</b>	<b>C. APPROVED AMOUNT</b>	<b>D. PROGRAM COSTS</b>	<b>E. ADMIN. COSTS</b>	<b>F. TOTAL (D + E)</b>
<b>INSTRUCTION</b>					
Personal Services - Salaries	100-100				
Purchased Professional & Tech. Services	100-300				
Other Purchased Services	100-500				
General Supplies	100-600				
Other Objects	100-800				
<b>SUBTOTAL INSTRUCTION</b>					
<b>SUPPORT SERVICES</b>					
Personal Services - Salaries	200-100				
Personal Services-Employee Benefits	200-200				
Purchased Prof. & Tech. Services	200-300				
Purchased Prof.-Ed. Services	200-320				
Purchased Property Services	200-400				
Other Purchased Services	200-500				
Travel	200-580				
Supplies and Materials	200-600				
Other Objects	200-800				
Indirect Costs	200-860				
<b>SUBTOTAL-SUPPORT SERVICES</b>					
<b>FAC. ACQ. &amp; CONSTRUCTION SERVICES</b>					
Buildings	400-720				
Instructional Equipment	400-731				
Noninstructional Equipment	400-732				
<b>SUBTOTAL-FACILITIES ACQUISITION &amp; CONSTRUCTION SERVICES</b>					
School-wide Programs: Abbott	520-930				
School-wide Programs: Non-Abbott	520-932				
<b>TOTALS</b>					

**G.** ☐ As the applicant LEA/lead agency for the consortium, I certify that all consortium participant agencies are in agreement with this Final Perkins Report for FY2006.

**H. Approved by the LEA Chief School Administrator/College President/Agency Head**  
To the best of my knowledge, I certify that this report is accurate

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I. LEA Business Administrator/Chief Financial Officer (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NJDOE USE ONLY:**

**Approval Recommended**      **Acting Director, OV-TCIP Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval Recommended**      **OGM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Budget Expenditure Statement*  
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**INSTRUCTIONS FOR COMPLETING THE BUDGET EXPENDITURE  
STATEMENT OF THE FINAL REPORT**

Indicate with a check mark whether the grant is for secondary programs or postsecondary programs.

Enter the Eligible Recipient Name and grant Project Number.

A. and B. *Expenditure Category and Function & Object Code:* Eligible or permissible expenditure categories and function & object codes have been listed;

C. **Enter** the most recent **amount approved** for each Expenditure Category, from the approved FY2006 One-Year Spending Plan.

D. & E. *Program Costs and Admin. Costs:* **Enter** the actual Perkins/State **final expenditures** for each expenditure category. Enter the subtotals and total amounts. Costs are to be included for approved expenditure categories only;

F. **Add the line totals** and enter the total for each line (Column D + column E = Column F);

**NOTE: The total shown at the bottom of column F should be the same as item 8 on the Final Report Title Page.**

G. **If a consortium**, check the box (☐) to certify that all LEAs participating in the consortium agree with this report;

H. **Signature** of the Chief School Administrator/College President/Agency Head and **date** of signature; and

I. **Signature** of the Business Administrator/Chief Financial Officer and **date** of signature.